

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> California Hospitals Committee on Issues, (CHCI) Sponsored by California Association of Hospitals and Health Systems (CAHHS)			<b>Date of This Filing</b> <u>10/07/2016</u>	Date Stamp       Page 1 of 3	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;">             CALIFORNIA FORM 497           </div> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER</b> (if applicable) 880212	<b>Report No.</b> <u>163104-47</u>			
<b>STREET ADDRESS</b>					
<b>CITY</b> Sacramento	<b>STATE</b> CA	<b>ZIP CODE</b> 95814	<input type="checkbox"/> <b>Amendment to Report No.</b> _____ <small>(explain below)</small>		
			<b>No. of Pages</b> <u>3</u>		

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/30/2016	Glenn Medical Center Willows, CA 95988	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$8,064.00
09/30/2016	Methodist Hospital of Southern California Arcadia, CA 91007  ID# 484171	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$151,003.00
09/30/2016	Shriners Hospital for Children - Northern California Sacramento, CA 95817	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$24,590.61

### \*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

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<b>STREET ADDRESS</b>			<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)	Page 2 of 3	For Official Use Only
<b>CITY</b> Sacramento	<b>STATE</b> CA	<b>ZIP CODE</b> 95814			

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/06/2016	Yes on Proposition 52 - a coalition of California Association of Hospitals and Health Systems and non-profit health care orgs Sacramento, CA 95814  ID# 1362973 Memo Reference: EDT:S497:231	Proposition 52 Statewide	\$192,500.00	11/08/2016

Reason for Amendment:

Memo Reference: EDT:S497:231  
WEB-In-Kind